

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/830114**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						61		/				
2		/					62		/				
3		/					63		/				
4		/					64		/				
5		/					65	/					
6		/					66		/				
7		/					67		/				
8		/					68		/				
9		/					69		/				
10	/						70		/				
11		/					71		/				
12		/					72		/				
13		/					73		/				
14		/					74		/				
15		/					75		/				
16		/					76		/				
17		/					77		/				
18		/					78		/				
19		/					79		/				
20		/					80		/				
21		/					81		/				
22		/					82		/				
23		/					83		/				
24		/					84		/				
25		/					85		/				
26		/					86		/				
27		/					87		/				
28		/					88		/				
29		/					89		/				
30		/					90		/				
31		/					91		/				
32		/					92		/				
33		/					93		/				
34		/					94		/				
35		/					95		/				
36		/					96		/				
37		/					97		/				
38		/					98		/				
39		/					99		/				
40		/					100		/				
41		/							/				
42		/							/				
43		/							/				
44		/							/				
45		/							/				
46		/							/				
47		/							/				
48		/							/				
49		/							/				
50		/							/				
TOTAL IND.							TOTAL IND.	3					
TOTAL DEP.							TOTAL DEP.	60					
TOTAL CLAIMS							TOTAL CLAIMS	63					